Guidelines for Considerations When Prescribing Benzodiazepines

Benzodiazepines are effective and safe medications for many medical and psychiatric conditions. Some of the most obvious appropriate indications include their use as an agent for conscious sedation, use as an anticonvulsant, time-limited use as a hypnotic, and use as a treatment for acute states of anxiety associated with a major life event. A psychiatrist might also prescribe benzodiazepines to control acute agitation, for akathesia, or as an adjunct to an antidepressant. Difficulties occur when questions of substance abuse and chemical dependency are at issue. The Board also recognizes that inappropriate prescribing of benzodiazepines may lead to drug diversion and abuse by individuals who seek the medications for other than legitimate use. Some Kentucky physicians have asked for reference guidelines which could be utilized in day to day practice and when communicating with patients.

The first principle to observe is the clear documentation of the patient's Medical, Psychiatric, Chemical Dependency, Family and Psychosocial histories. Subsequently, a treatment plan needs to be developed and included. Appropriate aspects of the physical and mental status examinations should be included in the initial evaluation.

The benzodiazepines are primarily used for the alleviation of acute symptomatic relief of anxiety and insomina, or for the detoxification from sedative hypnotics, alcohol, or the benzodiazepines themselves. Generally speaking, when prescribing for acute psychiatric symptoms, the physician should plan for no more than three months of the benzodiazepines allowing for a period of gradual taper prior to discontinuing the medication.

Psychiatrists acknowledge there are those individuals with primarily Anxiety Disorders who can be effectively managed with long term benzodiazepines without developing drug tolerance. As a psychiatrist makes this clinical decision, the physician would be expected to document the following considerations:

1. Is the Psychiatric Diagnosis correct? That is, does the patient have a chronic Anxiety Disorder such as Panic Disorder with or without Agoraphobia, a Phobic Disorder, Obsessive Compulsive Disease.
2. Does the patient have a history of Chemical Dependency or a Family History of such? The concern here is the fear of possibly kindling Drug Abuse/Dependency.
3. Have other treatment interventions been tried unsuccessfully such as the antidepressants, psychotherapy, Cognitive or Behavior Therapies?
4. Have co-existing medical diagnosis such as Mitral Valve Prolapse or Thyroid dysfunction been ruled out?
5. Are there any indications that the patient might not be forthright and will the patient agree to the one doctor – one pharmacy doctrine? Interviewing a significant other can frequently be helpful in this regard.
6. Has a long acting benzodiazepine such as Clonazepam been given a preferential trial over a benzodiazepine with a short duration of action?

7. Has there at some point been a documented discussion with the patient of the risk of developing tolerance to the benzodiazepine and that patients can become psychologically and possibly physically dependent on these medications? When and if this became apparent, the medication would have to be discontinued gradually.
8. Have there been documented periodic reviews of treatment goals without indications of adverse clinical correlates?

While these guidelines are not intended to define practice standards, for the non-psychiatric physician to embark or continue to prescribe benzodiazepines for an extended period of time is generally not a prudent clinical decision. Requesting the consult of a psychiatrist is appropriate and one should feel free to refer to the brief outline if the patient resists.

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